
Introduced by Senator Kuehl

February 22, 2005

An act to amend Section 805.2 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 932, as introduced, Kuehl. Health care professionals: professional review.

Existing law provides a procedure for the professional review of specified healing arts licentiates by a peer review body. Existing law declares the intent of the Legislature to provide for a comprehensive peer review study to be conducted by the Institute for Medical Quality that would, among other things, review and evaluate the existing peer review process in this state. Existing law requires that the institute work with and be under the general oversight of the Medical Director of the Medical Board of California in conducting the study, and that the institute submit a written report regarding its findings and recommendations to the board and the Legislature by November 1, 2003.

This bill would instead require the institute to submit a written report regarding its findings and recommendations to the board and the Legislature by November 1, 2006.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 805.2 of the Business and Professions
- 2 Code is amended to read:

1 805.2. (a) It is the intent of the Legislature to provide for a
2 comprehensive study of the peer review process as it is
3 conducted by peer review bodies defined in paragraph (1) of
4 subdivision (a) of Section 805, in order to evaluate the continuing
5 validity of Section 805 and Sections 809 to 809.8, inclusive, and
6 their relevance to the conduct of peer review in California. The
7 Medical Board of California shall contract with the Institute for
8 Medical Quality to conduct this study, which shall include, but
9 not be limited to, the following components:

10 (1) A comprehensive description of the various steps of and
11 decision makers in the peer review process as it is conducted by
12 peer review bodies throughout the state, including the role of
13 other related committees of acute care health facilities and clinics
14 involved in the peer review process.

15 (2) A survey of peer review cases to determine the incidence
16 of peer review by peer review bodies, and whether they are
17 complying with the reporting requirement in Section 805.

18 (3) A description and evaluation of the roles and performance
19 of various state agencies, including the State Department of
20 Health Services and occupational licensing agencies that regulate
21 healing arts professionals, in receiving, reviewing, investigating,
22 and disclosing peer review actions, and in sanctioning peer
23 review bodies for failure to comply with Section 805.

24 (4) An assessment of the cost of peer review to licentiates and
25 the facilities which employ them.

26 (5) An assessment of the time consumed by the average peer
27 review proceeding, including the hearing provided pursuant to
28 Section 809.2, and a description of any difficulties encountered
29 by either licentiates or facilities in assembling peer review bodies
30 or panels to participate in peer review decision making.

31 (6) An assessment of the need to amend Section 805 and
32 Sections 809 to 809.8, inclusive, to ensure that they continue to
33 be relevant to the actual conduct of peer review as described in
34 paragraph (1), and to evaluate whether the current reporting
35 requirement is yielding timely and accurate information to aid
36 licensing boards in their responsibility to regulate and discipline
37 healing arts practitioners when necessary, and to assure that peer
38 review bodies function in the best interest of patient care.

1 (7) Recommendations of additional mechanisms to stimulate
2 the appropriate reporting of peer review actions under Section
3 805.

4 (8) Recommendations regarding the Section 809 hearing
5 process to improve its overall effectiveness and efficiency.

6 (b) The Institute of Medical Quality shall exercise no authority
7 over the peer review processes of peer review bodies. However,
8 peer review bodies, health care facilities, health care clinics, and
9 health care service plans shall cooperate with the institute and
10 provide data, information, and case files as requested in the time
11 frames specified by the institute.

12 (c) The institute shall work in cooperation with and under the
13 general oversight of the Medical Director of the Medical Board
14 of California and shall submit a written report with its findings
15 and recommendations to the board and the Legislature no later
16 than November 1, ~~2003~~ 2006.